



Lawn
Primary
School

Administering Medicines in School Policy

Approved by the Governing Board

Signed

Date of Next Review

These guidelines and codes of practice are recommended by Derby Local Authority for adoption by Governing Bodies

This policy has been updated with a number of changes since the previous policy

Introduction

The Local Authority recognises that many pupils will at some time need to take medication at school. This Policy and associated Guidance for specific treatments and medications have been produced to support and protect employees who undertake the administration of medicine and to enable staff to act in an emergency.

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are supported in schools. This will enable children to have regular attendance so that they can play a full and active role in school life, whilst remain healthy and achieve their academic potential.

This document has been produced for use in schools within Derby City Local Authority. However, it has been produced in association with health professionals whose role covers all maintained schools in Derby.

The systems which will be put into place, in respect of administering medicines, have been developed in accordance with the DfE document 'Supporting pupils at school with medical conditions' (2014) and the Statutory framework for the early years foundation stage.

Legal duties

1. Section 100 of the Children and Families Act 2014 places a duty on Governing Bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units (PRUs) to make arrangements for supporting pupils at their school with medical conditions.
2. In meeting this duty, the Governing Board, proprietor or management committee must have regard to the statutory guidance document '**Supporting Pupils in Schools with Medical Conditions**' (DfE, 2014) issued by the Secretary of State.
3. Governing bodies must make arrangements to support pupils at school with medical conditions. The statutory guidance document '**Supporting Pupils in School With Medical Conditions**' (DfE, 2014), is intended to help school Governing Bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice.
4. School/setting employees may be asked to perform the task of giving medication to children but they may not, however, be directed to do so. **The administering of medicines in schools/settings is entirely voluntary and not a contractual duty unless expressly stipulated within an individual's job description.**
5. In practice, many school/setting staff volunteers to administer medicines. If a decision is made that medication is not going to be administered, the school/setting will need to consider what other measures are to be taken when children have long term health conditions or otherwise need medication. These measures must not discriminate and must promote the good health of children. Policies must be made clear to parents. Further advice can be sought from your Trade Union or Professional Association.

6. **The Health and Safety at Work etc Act 1974** requires employers to do all that is reasonably practicable to ensure the health, safety and welfare at work of employees and non-employees who are affected by their undertaking. This includes managing medication.
7. **The Management of Health and Safety at Work Regulations 1999** places a duty on the school to carry out a suitable and sufficient risk assessment of the activities undertaken.
8. School Health and Safety policies must incorporate arrangements for managing the administration of medicines and supporting children with complex health needs. Appropriate risks assessments will need to be undertaken and should be included in the school's health and safety audit process.

Insurance Cover

9. We would expect to cover liability arising from the provision of medical treatment arising out of the following activities:
 - nursing care
 - first aid
 - administration of prescribed and non-prescribed drugs or medicines
10. Cover would not apply to any surgeon, physician, doctor, dentist or midwife operating in their professional capacity in respect of:
 - any medical advice or opinion given
 - the administration of prescribed drugs or treatment
 - breach of professional duty
 - liability more specifically covered under any policy covering medical malpractice, professional errors, omissions or negligence.
11. Some examples of the treatments that would be covered under your policy would be:
 - Use of EpiPens
 - Use of defibrillators
 - Injections
 - Dispensing prescribed and non prescribed medicines
 - Application of appliances such as splints etc.
 - Oral and topical medication

Access to education and associated services

12. Some children with medical needs are protected from discrimination under the Equality Act 2010. Disability is a protected characteristic under section 6 of the Equality Act.
13. The public sector Equality Duty, as set out in section 149 of the Equality Act, came into force on 5 April 2011. The public sector Equality Duty requires public bodies to have due regard in the exercise of their functions to the need to:
 - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act

- advance equality of opportunity between people who share a protected characteristic and those who do not
 - foster good relations between people who share a protected characteristic and those who do not.
14. Responsible bodies for schools must not discriminate against pupils in relation to their access to education and associated services. This covers all aspects of school life including, school trips, school clubs, and activities.
15. Schools must make reasonable adjustments for disabled pupil including those with medical needs at different levels of school life, in their practices, procedures and school policies.

Some pupils may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

16. For pupils with SEN, this Policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this Policy with respect to those pupils.
17. Schools are reminded, in accordance with DfE advice '**Health and Safety: DfE Advice on legal duties and powers for local authorities, Head teachers, staff and governing bodies**' (February 2012) that:

"Where the local authority is the employer (including Community, voluntary controlled, community special schools and maintained nursery schools) it may give a direction concerning the health and safety of persons (including pupils) on the school's premises or taking part in any school activities elsewhere. Under section 29(5) of the Education Act 2002, governing bodies of such schools must comply with any such direction from the local authority"

18. The DfE advice further states that:

"For community schools, community special schools, voluntary controlled schools, maintained nursery schools, pupil referral units, youth groups etc. the employer is The Council. These establishments MUST adhere to the requirements contained in this document."

19. For foundation schools, foundation special schools, voluntary aided schools, academies, free schools and independent schools, the employer is usually the governing board or proprietor.
20. Those establishments that enter into a specific 'health and safety' Service Level Agreement (SLA) with The Council are welcome to use this Policy and associated Guidance, but are not obliged to do so. If not, they should ensure that the systems in place are equally as robust.

Safeguarding

21. Children and young people with medical conditions are entitled to a full-time education and they have the same rights of admission to school as other children. In effect, this means that no child with a medical condition should be denied admission, or be prevented from taking up a place in school due to circumstances in relation to arrangements for their condition that have not been made.
22. Schools therefore must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented to align with their wider safeguarding duties.
23. Regulation 5 of the School Premises (England) Regulations 2012 (as amended), provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment, and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation.
24. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools, including academy schools and alternative provision academies.

Complaints

25. Governing bodies should ensure that the school's policy sets out the complaints procedure concerning the support provided to pupils with medical conditions.
26. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they should make a formal complaint via the school's complaints procedure.
27. Making a formal complaint to the DfE should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.
28. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it.
29. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Actions

30. The governing board should ensure that its arrangements give parents and pupils confidence in the schools ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and

promote self-care.

31. Governors should ensure that employees are properly trained to provide the support pupils need.
32. Governing bodies should ensure that the schools policy covers the role of individual healthcare plans, and who is responsible for the plans development in supporting pupils at the school with medical conditions.
33. Schools should develop a policy that shows how the establishment is managing medications for the pupils. Some areas to consider are:
 - Use of EpiPens
 - Use of defibrillators
 - Injections
 - Dispensing prescribed and non prescribed medicines
 - Application of appliances such as splints etc
 - Oral and topical medication,

Support and information

34. The [Health and Safety Team](#) (HST) provides advice on Administration of Medicines. Contact HST by:
 - calling 01332 **640748**, or
 - emailing employee.healthandsafety@derby.gov.uk
35. The Team has also developed a suite of guidance documents to help managers and employees. These include:
 - Guidance - Responsibilities and Requirements
 - Guidance - Gastroenteritis on Managing an outbreak in schools
 - Supporting Pupils at School with Medicines
 - School Managing Medication Policy Template
 - Supporting pupils with Medical Conditions Templates
 - Giving Medication to Children in Registered Childcare

Copies can be found on the Occupational Health and Safety pages on [iDerby](#) and the [Schools' Information Portal](#), or by contacting the HST.

36. [Occupational Health](#) (OH) gives advice and support to managers and employees on health and wellbeing. Contact OH by:
 - calling 01332 **640543**, or

- emailing occupational.healthservice@derby.gov.uk.

Administration of Medicines Guidance: Responsibilities and Requirements

School Governing Boards and Trustees

The governing board must ensure that:

- Arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
- Their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
- All schools develop a policy for supporting pupils with medical conditions that is reviewed regularly, and is readily accessible to parents and school employees.
- The arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.
- The school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
- Their employees are provided with suitable and sufficient training, information and instruction, to provide the support their pupil's medical needs.

Governing boards of maintained schools and management committees of PRUs

must ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk (see notes below for clarification about the role of the employer/local authority).

Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education.

The Employer

Who the employer is depends on the type of school or, for registered day care, how it has been set up. This could be the local authority, governing board, trustees, management board, private individuals, charities, voluntary committee or a private company.

Employers must take out Employers' Liability Insurance to provide cover for injury to staff acting within the scope of their employment.

Local Authority

The Council indemnifies its employees against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training, and are following the Local Authorities Policy and associated Guidance.

We would expect to cover liability arising from the provision of medical treatment arising out of the following activities:

- nursing care
- first aid
- administration of prescribed and non-prescribed drugs or medicines

Some examples of the treatments that would be covered under your policy would be:

- Use of EpiPens
- Use of defibrillators
- Injections
- Dispensing prescribed and non-prescribed medicines
- Application of appliances, such as splints
- Oral and topical medication

Cover would not apply to any surgeon, physician, doctor, dentist or midwife operating in their professional capacity in respect of:

- any medical advice or opinion given
- the administration of prescribed drugs or treatment
- breach of professional duty
- Liability more specifically covered under any policy covering medical malpractice, professional errors, omissions or negligence.

Parents and Carers

It should be noted that only one parent or carer (defined as those with parental responsibility) is required to agree to, or request that medicines are administered by school employees.

Parents and carers are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.
- Completing the schools Medical Consent Form for short term medical condition or occasional basis (if the school/setting employees have agreed to administer medication). **Verbal instruction cannot be accepted, there must be a documented record.**
- Completing a Medical consent form if it is known that pupils are self-administering medication in school on a regular basis.
- Being involved in the drafting, development and review of their Childs Individual Healthcare Plan.
- Carrying out any actions that they have agreed to as part of the Individual HealthCare Plan (for example, providing medication and medical equipment, ensuring that they or another nominated adult are contactable at all times).
- To notify the school and/or the school nurse of any changes required to the Individual HealthCare Plan, such as treatment, symptoms, and contact details.
- Ensuring that procedures for administration of emergency medication is documented in the Care Plan, in conjunction with the school nurse and school staff (for example those administering the emergency medication).

Minor changes to the Care Plan can be made if signed and dated by the school nurse. **Major** changes require a new Care Plan to be completed.

- Ensuring that there is sufficient medication and that the medication is in date at the school.
- Replacing and replenishing the supply of medication at the request of the relevant school/health professional.
- Ensuring that date expired medicines are returned to a pharmacy for safe disposal.
- Ensuring that medication supplied to the school is provided in an original container with the pharmacist's original label and the following, clearly shown:
 - Child's name, date of birth
 - Name and strength of medication
 - Dose
 - Any additional requirements (such as to be taken with food)
 - Expiry date whenever possible
 - Dispensing date

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan.

School/Setting staff

The administering of medicines in schools/settings is entirely voluntary and not a contractual duty unless expressly stated within an individual's job description. Some Unions advise staff not to administer medication to pupils, however they also accept that sometimes it is done to avoid a pupil from losing teaching time by missing school or unable to attend the setting.

It is important that staff who agree to administer medication understand the basic principles and legal liabilities involved, have confidence in dealing with any emergency situations that may arise and have had appropriate information, training and assurance the appropriate insurance is in place.

Each request for the administration of medication should be considered on individual merit and employees have the right to refuse to be involved.

Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

Conditions of employment are individual to each non-maintained early years setting. The setting lead or manager is required to arrange who should administer medicines within a setting, either on a voluntary basis or as part of a contract of employment.

Employees administering medication must be provided with annual training relating to emergency medication, and relevant medical conditions. Advice about this can be obtained from the school nurse/doctor/health visitor/specialist nurse.

Schools should have a named person responsible for dealing with pupils who are unable to attend school because of medical needs.

Ofsted

The inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with Special Educational Needs, and considering the quality of teaching and the progress made by these pupils.

School Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools will be expected to have a policy dealing with medical needs and to be able to demonstrate this is implemented effectively.

Training

Governing bodies must ensure that the school's policy sets out clearly how employees will be supported and trained in undertaking their role to support pupils with medical conditions. This should explain how training needs are assessed, including how and by whom training will be commissioned and provided.

The employer is responsible for ensuring;

- That school/setting employees receive appropriate support and training (including update training), where necessary.
- Where specialist medical training is required in order for staff to administer certain medication, for example injections, the child's parents may have medical professionals that they work with who could provide this training.
- All staff volunteering to administer emergency medication must first receive appropriate training from Schools Nurses team through a school nurse or other suitably qualified health professional.
- That any training provided to their employees is accredited, or evidence of trainer competence on the subject is satisfactory.
- Recorded evidence of the satisfactory completion of all training is kept.
- That after training has been received the member of staff can withdraw or request further training if not completely assured of their ability to administer the medication or conduct the procedure safely.
- That staff are aware they must not administer prescription medicines or undertake healthcare procedures without the appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans. **A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.**

Advice and training is available to employees concerned with administration of medicines from the School Nurses team. All employees must have some appreciation of the underlying medical condition and the need for treatment.

Emergency Procedures

As part of general risk management processes all schools/settings must have arrangements in place for dealing with emergency situations. Children should know what to do in the event of an emergency (medical or otherwise), such as telling a teacher or other school employee.

Employees must be provided with information on emergency procedures, which must include how to contact the emergency services (999 or 111), and how to contact the responsible person within the school for carrying out emergency procedures.

Employees need to ensure they understand the local emergency services cover arrangements and that the correct information (Postcode) is provided for navigation systems, and for informing the parent or carer.

Staff must not take a child to hospital in their own vehicle, it is always safer to call an ambulance. If the parent or carer is unable to accompany their child, a member of staff must accompany a child taken to hospital by ambulance and should stay until a parent or carer arrives.

Health professionals are responsible for any decisions on medical treatment when a parent/carer is not available. Basic medical information about the child, identifying data and contact details should be taken to hospital by school/setting staff.

Emergency Medication

Anyone caring for children, including teachers, school and day care employees in charge of children, has a common law duty of care to act like any reasonably prudent parent, to ensure that children under their care are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicines and/or taking action in an emergency for pupils with SEN/medical conditions. New or temporary employees must be made aware of any pupil with specific medical needs.

The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. Emergency medication must be easily accessible in a known location, because in an emergency time is of the essence. Emergency medication may include:

- Buccal Midazolam
- Rectal Diazepam
- Adrenaline (Epipen/Anapen)
- Glucose (Dextrose tablets or Hypostop)
- Inhalers for asthma

Record Keeping

When staff administer medication a record must be made of the date, time and dose, and this record must be signed on the Medicine Consent Form. Reasons for any non-administration of regular medication must be recorded and the parent or carer informed on the same day. The Consent Form must be kept with the medication.

All schools/settings should have a Medicine Policy which is shared with parents or carers. The policy must explain the procedure in regards to routine and emergency medication administration. The policy should document the procedures for who administers medication, how the medication will be stored, recording how medication is administered, and the training of employees if there is a specific medical need.

Early years settings must keep written records of all medicines administered to children and make sure that parents are informed on the same day or as soon as reasonably practicable.

The statutory retention period for Early Years records is two years. For schools, the recommended retention for these records is the date of birth of the child being given/taking the medicine plus 25 years. This allows for records to be kept as evidence for litigation should the child on reaching 18 years old feel this is something they want to pursue.

An Individual Care Plan identifies for parents/carers, the child and school/setting employees the circumstances in which additional health support will be required and the actions to be taken by school/setting employees to meet the pupil's needs. The Plan should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Where the child has a special educational need identified in an EHC plan, the individual healthcare plan should be linked to or become part of that EHC plan. The Care Plan will be developed with input from a health professional, a parent/carer/pupil and a member of school/setting staff depending on the nature of the pupil's condition. Specialist guidance may be sought from the child's GP, Consultant or Nurse Specialist.

Under the Data Protection Act medical documents are deemed sensitive information. The information held in the Care Plan or EHC (where a Care Plan is not necessary), needs to be provided to relevant employees. This must be balanced with the need to keep confidential information secure. Care Plans must not be displayed in a public place, such as staff room, because of the sensitive information they contain unless there is a clear, justified need to do so and the parent/carer has also given their explicit written consent for this. Where appropriate, pupils should also be consulted.

The Care Plan supplied is a guide to the type of information required and may be expanded as required by the child's condition and the nature of the treatment to be given. The Care Plan must be kept up to date and should be reviewed on a regular basis to reflect the pupil's needs, and reviewed at least annually. A new Care Plan is required if a child moves school/setting or their condition or treatment changes.

Storage of Medication

Generally non-emergency medication should be stored in a locked cupboard, preferably in a cool place. Items requiring refrigeration may be kept in a clearly labelled closed container in a standard refrigerator and the temperature monitored each working day. Consideration should be given as to how confidentiality can be maintained if the fridges are used for other purposes (e.g. food storage). All medical storage facilities should be in an area which cannot be accessed by children.

Emergency medication must be readily accessible but stored in a secure location that is known by the pupil and relevant staff. This location (classroom, medical room, school

office or heads office) will be different in every school according to where the pupil normally has their lessons, the size and geography of the school setting and the pupil's age and maturity.

School nurses and local pharmacists can provide further advice about storing medicines.

Secondary school pupils should be responsible of self-administering their medication (where appropriate), either keeping it securely on their person or in a lockable facility. A risk assessment should be completed in order to minimise the potential for harm to occur.

Primary schools/early year settings pupils generally will not be in charge of their own medications except for medication such as asthma inhalers, dextrose tablets. However this will depend on the child's age, maturity, and the parent/carers/school consent.

Return and Disposal of Medication

Medication should be returned to the pupils' parent/carer when:

- The course of treatment is completed
- labels become detached or unreadable
- Instructions are changed
- The expiry date has reached
- It's the end of the academic year

Special care should be taken to ensure that the medication is returned to the appropriate parent or carer. The return of medication should be documented on the administration record held in the child's file and the Care Plans amended accordingly.

The parent/carer should be advised to return unwanted medication to their pharmacist. It is the parents/carers responsibility to replace medications which has been used or expired at the request of the school staff.

If in exceptional circumstances (such as a pupil has left the school) unwanted medication can be taken to a community pharmacy for disposal. Medication should not be disposed of in the normal refuse, flushed down the toilet or washed down the sink.

Disposal of Sharps

Some medical procedures in schools/settings may involve using sharp items (sharps) such as lancets for blood glucose monitoring. The safe disposal of sharps is essential if accidents and the consequent risk of infection with blood borne viruses are to be avoided. Sharps injuries are preventable with careful handling and disposal; the employer must ensure that;

- Employees, who may be exposed to sharps or use sharps in their role, must be provided with appropriate training, information and instructions for the safe handling, and disposal of sharps.
- Any sharps bins are located in designated areas, in a safe position at waist height. Sharps bins must never be kept on the floor.
- Have in place a risk assessment that covers the risks involved when handling and disposing of sharps.

It is the personal responsibility of the individual using the sharp to dispose of it safely. Dispose of used sharps immediately at the point of use. Always take a suitable sized sharps container to the point of use to enable prompt disposal and ensure the temporary closure mechanism is in place when the sharps bin is not in use.

Sharps bins are available on prescription where needed. Pupils should not be carrying used sharps bins to and from school themselves. Arrangements for disposal should be outlined in the child's Care Plan. Bins should be emptied when they are two thirds full.

Needle stick injuries must be reported and recorded on an accident report form, and sent to the employee's manager and the Health and Safety Team.

School Visits and Sporting Events

Schools should consider what reasonable adjustments they might need to make to enable pupils with medical needs to participate fully and safely on any school visits.

The educational visit risk assessment in conjunction with the care plan or EHC will assist with planning what steps are required to ensure that the child with medical needs participate safely. Planning arrangements for visits and activities should be sufficiently flexible to support the inclusion of pupils with medical conditions, unless evidence from a clinician states that this is not possible.

Medication Policies must take into account the full range of visits and activities and the risks that they pose in regards to pupils with medical conditions, such as residential visits, oversea visits, remote supervision, and situations where attendees are distant from, or unable to make immediate contact with parents and medical professionals. As it is unlikely that any Medication Policy will cover every possibility, the policy must be written to allow staff the flexibility to use their judgement in doing what is best for the well-being of the pupils under their care.

Medication required during a trip such as inhalers, should be carried with the child all times if this is normal practice. If this isn't possible, then a trained member of staff or the parent or carer should be present, who can carry and administer the medication(s) as necessary.

A parent/carer must complete a consent form for their child to go on each visit in case the child requires any medication whilst on that visit.

If a child is subject to a care order, foster parents will need to ensure that Social Services consents to any proposed trip.

If a young person is a Ward of Court, the head should seek advice from the court in relation to journeys and activities abroad well in advance of any proposed trip.

Further policy advice can be obtained from the Health and Safety Team, for educational visit support and from the national guidance.